Editorial

"Toward Cost-Effective Clinical Computing" is the theme of the Nineteenth Annual Symposium on Computer Applications in Medical Care, held in New Orleans, Louisiana, from October 28 through November 1, 1995. Assembling the exciting material that participants have an opportunity to enjoy and learn from has been simultaneously exhausting and exhilarating. The content of this premiere conference in medical informatics was provided primarily by authors, research investigators, entrepreneurs, and scientists from North America and indeed throughout the world. Although the SCAMC Program Committee provided the initial theme and some guidance concerning the content of the meeting, the sheer genius and enthusiasm of over 1,500 authors have provided the principal substance of the symposium.

The field of medical informatics has developed rapidly over the past two decades to the point where there are many clinical computer applications that are cost-effective. Clearly, computerized information systems will be crucial for the enabling of more efficient health care systems in the future. Information systems will be needed to link health care institutions together to ensure that health care is provided in accordance with the "best" care guidelines and protocols. In addition, extensive data will be essential for measuring the performance and improvement of the health care system. Performance of the future health care systems will include not only "health maintenance" or preventive care, but also the acute clinical and hospital care with which we are now familiar. It has been claimed that clinical computing can provide efficiencies and savings to the health care system. These efficiencies will include better use of health care professionals' time, more timely and appropriate patient diagnosis and therapy, error prevention, shortening of length of hospital stays, and better overall patient outcomes. The future is replete with opportunities and pitfalls to use computers to prove and improve the quality of health care.

Within this 19th volume of SCAMC proceedings are key presentations and material to help you as a medical informatics professional. Not only are there several excellent case presentations of how medical informatics can improve the quality of health care; there are also excellent presentations on the strategies of *how* to measure improvement in quality of patient care.

More than 260 volunteer reviewers provided thoughtful reviews of the 570 manuscripts, theater-style demonstrations, panels, tutorials, evening workshops, posters, and electronic posters submitted. Each manuscript was sent to three reviewers. For most of the manuscripts, all three of the reviewers provided reviews; for all of the manuscripts, there were at least two reviews. The overall quality of the submissions was excellent; however, not all manuscripts could be accepted. Authors of submitted manuscripts received feedback from the reviewers of their manuscripts. As a result, the quality of the manuscripts accepted was enhanced, while those whose papers were not accepted had feedback to help them improve their work. The diversity and quality of the reviews provided was uniformly excellent. The "peer review" process of manuscript judging and selection is, in my mind, in excellent health, although not entirely perfect. Thanks to all who participated in the process. The field of medical informatics will be moved forward by the efforts of the many participants.

The busy 1995 SCAMC schedule begins on Saturday, October 28 with tutorials and workshops. Offerings on Sunday include the student paper competition and additional tutorials and workshops. The 51 tutorials scheduled for Saturday through Wednesday cover a range of topics applicable for both the beginner and the expert in the field. From Monday through Wednesday, the Exhibit Hall will have on display the latest in commercial applications. On Monday at noon, the National Library of Medicine will host a forum on training sites for medical informatics programs; students are invited to attend this session to meet NLM and institutional representatives and to learn about medical informatics training programs in the United States. The AMIA general membership meeting takes place on Monday afternoon. The schedule on Tuesday afternoon includes a session for traditional and electronic posters. A dessert reception on Tuesday offers a fun time to visit with friends and fellow AMIA members and to enjoy a relaxing and entertaining Halloween evening in New Orleans.

Two keynote speakers address 1995 SCAMC attendees. The speaker at the opening plenary session on Monday morning is Brent James, M.D., M. Stat., Executive Director of the Institute for Health Care Delivery and Vice President for Medical Research and Continuing Medical Education at Intermountain Health Care (IHC) of Salt Lake City, Utah. Dr. James is well known for his development of excellence using continuous quality improvement methods and applying computers to health care. On Tuesday morning Michael J. Ackerman, Ph.D.,

Assistant Director for High Performance Computing and Communications at the National Library of Medicine, will demonstrate the NLM's "Visible Human Project™," a digital image data set of complete human male and female cadavers obtained from MRI, CT, and anatomical images. The closing session on Wednesday afternoon features the presentation of awards for Best Paper on an Application, Best Theoretical Paper, Best Traditional Poster, and Best Electronic Poster. In addition, the American College of Medical Informatics will sponsor a debate on whether free market forces are adequate for providing appropriate deployment of the National Information Infrastructure in support of health and health care.

The volunteer members of the Program Committee have generously given of their personal and professional time, working at the full-time task of preparing a SCAMC program while at the same time working at their full-time jobs. SCAMC '95 Program Committee members are James J. Cimino, M.D., R. Scott Evans, Ph.D., E. Andrew Balas, M.D., Ph.D., Mark S. Tuttle, Susan J. Grobe, Ph.D., R.N., M. Michael Shabot, M.D., David W. Bates, M.D., M.Sc., Parvati Dev, Ph.D., Erica Drazen, Ph.D., John P. Glaser, Ph.D., Melvyn Greberman, M.D., M.P.H., Mary Ellen Sievert, Ph.D., George S. Conklin, and H.C. "Moon" Mullins, M.D. Thank you from the bottom of my heart for your timely and excellent efforts.

Finally, the work of the AMIA staff has been noteworthy. The members of the staff were primarily a "freshman team" when it came to organizing and carrying out the huge amount of work and minute detail required to make a meeting such as SCAMC a success. In particular, Jeanne Nevin, M.B.A., Acting Executive Director, provided her untiring support, attention to detail, enthusiasm, and follow-through to make the meeting a success. In addition, Vernell Henry, Meetings Manager, Denise J. Herich, Director of Membership Services, Renée Fleuette, Database Administrator, Janice Kennedy, Assistant Executive Director, Debbie Preusse, Accountant, and Y. Michelle Daniels, Membership Assistant, provided excellent support.

Each of you has the opportunity to participate personally in a symposium where discussion centers on sharing the challenges and dreams of medical informatics. I suggest that those of you who are attending be active participants so that each speaker, panelist, and demonstrator will be stretched to give you his or her honest best. For those of you who are reading this editorial after the symposium, send an e-mail or regular mail message to the author if you have questions or suggestions or if you disagree with the findings presented.

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Chair